Complete and send this form, together was applicable fee(s), to:					Mail Stop ISS FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450				
	i		or <u>F</u>	<u>ax</u>	(703) 746-40	000			
INSTRUCTIONS: This for appropriate // Ather things con indicated unless corrected maintenance fee notification	rm should be used for tran respondence including the below or directed otherwise is.	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and P ders and notif ) specifying a	OUBLIC ication new co	CATION FEE (i of maintenance orrespondence a	f requi fees w ddress;	red). Blocks 1 thre rill be mailed to the and/or (b) indicati	ough 5 si e current ng a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for
CURRENT CORRESPONDENCE 26356 75		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
	590 03/29/2005 DCILLTD				nave its own ce		_		
ALCON RESEARCH, LTD.  R&D COUNSEL, Q-148 6201 SOUTH FREEWAY FORT WORTH, TX 76134-2099					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
04/26/2005 HVUONG2 00000085 010682 09674403					Jean	nie	Burke		(Depositor's name)
						203	mis	urk	(Signature)
)1 FC:1501 1400.	00 DA				Apmi				(Date)
APPLICATION NO.	NO. FILING DATE FIRST NAMED INV			INVEN	TOR	,	ATTORNEY DOCK	ET NO.	CONFIRMATION NO.
09/674,403	09/674,403 10/31/2000 Jesse A. May					1700 F US 8448			
TITLE OF INVENTION: SEROTONERGIC 5HT7 RECEPTOR COMPOUNDS FOR TREATING OCULAR AND CNS DISORDE									
APPLN. TYPE	SMALL ENTITY	ISSUE FI	FEE P		BLICATION FEE	i.	TOTAL FEE(S)	DUE	DATE DUE
nonprovisional	NO	\$1400			\$0		\$1400		06/29/2005
EXAMINER		ART UN	ART UNIT		CLASS-SUBCLASS				
KIFLE, BRUCK		1624			514-226500		•		
1. Change of correspondenc CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indicate PTO/SB/47; Rev 03-02 (Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Patrick M. Ryan								
PLEASE NOTE: Unless	D RESIDENCE DATA TO E an assignee is identified be 137 CFR 3.11. Completion	elow, no assignee	data will appe	ar on tl	he patent. If an	assign	ee is identified belo	ow, the d	ocument has been filed for
(A) NAME OF ASSIGN	TY and STATE OR COUNTRY)								
Alcon Manu	Fort Worth, Texas								
	e assignee category or catego	ries (will not be pri	inted on the pa	itent) :	Individual	<b>XX</b> Co	ornoration or other r	orivate gr	Dup entity Government
4a. The following fee(s) are			. Payment of I				•		
Issue Fee						s) is en	closed.		
					dit card. Form PTO-2038 is attached.				
Advance Order - # of	Copies		The Direct Deposit Acco	tor is hount Nur	nereby authorize mber 01-0	d by 21	narge the required t	fee(s), or an extra c	credit any overpayment, to opy of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.					L ENTITY status.		(0) ( )
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issublication Fee (if required) words of the United States Pat	ue Fee and Publicat will not be accepted ent and Trademark	tion Fee (if any I from anyone Office.	y) or to to the other the	re-apply any pro nan the applicant	viously; a regi	y paid issue fee to the stered attorney or a	he applica gent; or th	ation identified above.  ne assignee or other party in
Authorized Signature	Pati m	Cy-			Date	4,	120/05		
Typed or printed name _	Patrick M. R				-	tration			
This collection of informatic an application. Confidential submitting the completed applies form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C oplication form to the USPT of reducing this burden, slinia 22313-1450. DO NOT 1.1450	11. The informatio 122 and 37 CFR I O. Time will vary nould be sent to the SEND FEES OR C	n is required to 1.14. This coll depending up to Chief Inform COMPLETED	o obtain ection i on the i ation O FORM	or retain a bene s estimated to ta ndividual case. officer, U.S. Pate S TO THIS AD	fit by to ke 12 r Any co nt and DRESS	he public which is t ninutes to complete mments on the amo Trademark Office, S. SEND TO: Comm	o file (and e, includir ount of ti U.S. Dep missioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.